



DISCRETIONARY PAY

EXCEPTIONAL JOB PERFORMANCE (EJP) JUSTIFICATION

Employee's Department: _____

Employee's Name: _____ Supervisor's Name: _____

Amount of Discretionary Pay: _____ percent (%) or Extra Pay Amount _____

Check the appropriate box

1. Has this employee received another EJP during this fiscal year? ☐ Yes ☐ No
2. Is discretionary pay being suggested to make up for salary inequities? ☐ Yes ☐ No If yes, please explain:

3. Is discretionary pay being suggested to retain this employee? ☐ Yes ☐ No If yes, please explain:

4. Is discretionary pay being suggested to reward exceptional job performance? ☐ Yes ☐ No

If yes to question #4, continue to complete this form. If no, meet with your Personnel Officer (PO) regarding other options. Discretionary pay will not be processed for reasons other than exceptional job performance.

5. What performance expectations are being exceeded (refer to employee's performance plan)?

6. How did this employee exceed those expectations?

7. How long has this employee performed at this level?

Supervisor's Signature

Department Director's Signature

PO's Recommendations:

Personnel Officer's Signature

Date